

Office Insurance Application Form 辦公室綜合保險投保書

Please complete in BLOCK LETTERS and tick where appropriate. 請以英文正楷填寫並於適當空格內加上「✓」號。

(I) Details of Applicant 投保人資料		
Applicant's Name 投保人名稱:	Contact No. 聯絡電話:	Business 業務:
Correspondence Address 通訊地址: Flat 室 _____, Floor 樓 _____, Block 座 _____, Building 大廈名稱 _____ Street 街道: _____ District 地區: _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT 新界		Email Address 電郵地址:
Address of Office to be Insured (if different from above) 投保辦公室地址 (如與上述不同): Flat 室 _____, Floor 樓 _____, Block 座 _____, Building 大廈名稱 _____ Street 街道: _____ District 地區: _____ <input type="checkbox"/> HK 香港 <input type="checkbox"/> Kowloon 九龍 <input type="checkbox"/> NT 新界		Period of Insurance Required 要求保單生效日期: From 由 ____ DD 日 ____ MM 月 ____ YY 年 To 至 ____ DD 日 ____ MM 月 ____ YY 年

(II) Sum to be Insured 投保金額	
Section 1 - Office Contents "All Risks" Insurance 第一項: 辦公室財物全險 Total Sum Insured 投保總金額 HK\$ _____ N.B: (The sum insured must represent full cost of replacement of the property with an allowance for inflation and future additions.) Please list below any item of office machinery included in the sum insured above where the value exceed HK\$200,000. 註: (投保金額應相當於投保財物的全新更換價值, 並包括預計通脹及將會添置之財物。) 如其中投保之辦公室器材價值超過200,000 港元, 請列明如下	Section 2 - Business Interruption Insurance 第二項: 營業中斷保險 a. Increased Cost of Working (Free Cover) 額外開支 (免費保障) HK\$750,000 b. Loss of Income (Optional Cover) 收入損失 (選擇保障) If you require cover for Loss of Income, please state: 閣下若需要收入損失保障, 請註明: 1. Your estimated Gross Income for the next 12 months 估計未來12個月可得之收入 HK\$ _____ 2. Maximum indemnity period required 所需最長補償期間 <input type="checkbox"/> 6 <input type="checkbox"/> 18 <input type="checkbox"/> 24 months 月 3. Sum Insured required 所需投保金額 HK\$ _____ N.B: (If your maximum indemnity period is more than 12 months, your figure for income should be proportionally adjusted upward. e.g. 18 month indemnity period will equal to 1.5 times the annual income.) 註: (所需最長補償期間如超過12個月, 收入額應按比例增加。例如18個月之投保額最少應為每年收入的1.5倍。)
Section 3 - Loss of Money Insurance (Free Cover) 第三項: 金錢損失保障 (免費保障) As stated in this brochure 詳情請參閱本小冊子	Section 4 - Public Liability Insurance (Free Cover) 第四項: 公眾責任保險 (免費保障) HK\$10,000,000 per event 每次事故最高賠償為10,000,000 港元



® Sun Flower Insurance Brokers Limited

Placing through Sun Flower Insurance Agency Limited

Room 1105-08, Hing Yip Commercial Centre, 282 Des Voeux Road Central, Hong Kong

Tel: 2521 1881 Fax: 2521 1919 Email: vip@sunflowergroup.com.hk www.sunflowerVIP.com

Thank you for considering Sun Flower to be one of your selected intermediaries.

We are pleased to get in touch should you have any enquiry regarding the captioned insurance.

Section 5 - Employees' Compensation (Optional Cover)**第五項：僱員賠償保險（選擇性額外保障）**

If cover is required, please provide details of ALL employees:

閣下若需要僱員賠償保險，請提供所有僱員資料：

Occupation 職位	No. of Employees 僱員人數	Est. Annual Earnings 估計全年收入
1. Administrative & Clerical Staff 管理 / 文職人員		
2. Salesman 營業代表		
3. Messenger 信差 / Amah 傭工		
4. Private Car Driver 私家車司機		
5. Others (please describe) 其他(請說明)		

(III) Insurance History 過往投保資料

1. In respect of the insurance you now propose, have you ever made any claims against any insurer for this or any other premises owned or occupied by you during the past three years? 在過往3年，閣下曾否因所申請投保之風險引致損失而向保險公司索償？	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有
2. Has any company or insurer ever declined to insure you or your property, imposed special terms or cancelled or refused to renew your insurance? 閣下曾否被其他保險公司拒絕受保、附加任何特別條款、取消保單或拒絕續保？	<input type="checkbox"/> Yes 有	<input type="checkbox"/> No 沒有

If the answer to any of the above questions is "Yes", please give details: 如上述問題的答案為“有”，請詳述：



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Declaration 聲明

I/We hereby declare and agree that:

1. I/We have read and understood the product brochure and the terms and/or conditions of the policy provisions of the product in this application.
2. The information and particulars provided on this application form are accurate, true and complete and are given to the best of my knowledge and belief. I/We have not withheld any material information and accept that this application and declaration shall form the basis of the contract between Bolttech Insurance (Hong Kong) Company Limited ("the Company") and me/us. I hereby acknowledge that failure to supply true and accurate answers to this application or inform the Company of all material information about this application may render the Company unable to accept or process this application or the insurance policy void.
3. The insurance coverage applied for shall only take effect when this application has been accepted by the Company and I/ We have paid the required premium.
4. Where the Applicant(s) has/have an Insurance Broker:
I/We understand, acknowledge and agree that, as a result of the purchasing and taking up the policy by me/us, with the policy issued by the Company, the Company will pay my/our authorized insurance broker commission during the continuance of the policy including renewals, for arranging the said policy.(If applicable) Where the applicant is a body corporate, I/We am/ are the authorized person(s) signing on behalf of the applicant and I/We further confirm to the Company that I/We am/are authorized to do so. I/We understand that the above agreement is necessary for the Company to proceed with the application.



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本人/我們，謹此聲明並同意：

1. 本人/我們已參閱並明白有關此申請之產品小冊子及保單條款。
2. 此申請表格內所提供的資料及細節均是準確無誤，真實及為事實之全部，並且是盡本人/我們所知及所信而作答的。本人/我們並沒有隱瞞任何重要資料及同意此申請表格之內容及聲明將成為保特保險(香港)有限公司("本公司")及本人/我們之保險合約之承保根據。本人/我們在此確認，如未能提供真實及準確無誤之資料或通知本公司任何有關此保險申請之重要資料，將可能導致本公司不能接受或處理此保險申請或令本保單失效。
3. 保障一概必須在本申請獲本公司接納後及本人/我們已繳交應付保費後始可生效。
4. 如申請人有保險經紀：
本人/我們明白、確知及同意，本公司會就本人/我們購買及接受其簽發的保單，於保單有效期內(包括續保期)向負責替本人/我們安排有關保單的獲授權保險經紀支付佣金。(如適用)假如申請人為法人團體，本人/我們為代表申請人簽署的獲授權人員並向本公司確認本人/我們已獲該法人團體授權。

本人/我們亦明白本公司必須取得申請人的上述同意，才可以處理其保險申請。

Signature of Applicant / Individual to whom the Personal Information Collection Statement of the Company is given (with Company Chop)

申請人 /獲發收集個人資料聲明人士簽署 (連公司蓋章) _____

Name

姓名 _____

Position

職位 _____

Name of Agent / Broker/ Technical Representative

代理人/經紀/業務代表 _____

Date (DD / MM / YYYY)

日期(日/月/年) _____

Account Code

賬戶號碼 _____

Should there be any discrepancy between the English and the Chinese versions of this application form, the English version shall apply and prevail.

本申請表格的中文版本如有差異，以英文版本為準。

About bolttech Insurance

Bolttech Insurance (Hong Kong) Company Limited, previously FWD General Insurance Company Limited, is an established general insurance company authorised by the Hong Kong Insurance Authority. bolttech Insurance offers a wide range of general insurance solutions to meet the evolving needs of individual and business customers. In 2023, bolttech Insurance was rebranded and renamed as part of the international insurtech group, bolttech.

For more information, please visit bolttechinsurance.hk

關於保特保險

保特保險(香港)有限公司前身為富衛保險有限公司，獲保險業監管局授權的一般保險業務公司。保特保險提供多元化的一般保險方案，以滿足個人和企業客戶的需求。保特保險於2023年將品牌重塑並易名，是國際保險科技集團保特集團的其中一員。

如需更多資訊，請瀏覽bolttechinsurance.hk網站。



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Personal Information Collection Statement ("PICS") 收集個人資料聲明

Please scan the following QR code for review of Bolttech Insurance (Hong Kong) Company Limited's (the "Company") PICS. You can also request a copy of the PICS by calling the Company's Customer Service Hotline at 3123 3344.

請掃描以下二維碼查看保特保險(香港)有限公司(「本公司」)的收集個人資料聲明。您亦可致電本公司的客戶服務熱線 3123 3344 索取收集個人資料聲明副本。



English



中文

Important Notes

The Applicant (i.e. You are) is required to disclose all material facts which you know Bolttech Insurance (Hong Kong) Company Limited (the "Company") as an insurer would regard them as likely to influence the acceptance and assessment of this proposal. If you are in doubt whether certain facts are material you should disclose them. We recommend you to keep a record (including a copy of completed proposal) for your future reference of all information given. Providing correct answers and making sure we are informed is for your own protection, as failure to disclose such information may mean that your policy will not provide with the cover you require and may even invalidate the policy altogether.

重要事項

申請人(即你)必須提供所有可能影響保特保險(香港)有限公司(「本公司」)接受承保及評估之重要事實，如未能確定這項事實是否具有實質性的關係，應該等事實填報，我們建議你將有關的資料(包括此投保書副本作紀錄)，以備日後作參考之用。為確保你的利益，你應如實呈報所有有關資料，否則此保單將可能無法提供你所需的保障，甚至可能會導致此保單無效。

Bolttech Insurance (Hong Kong) Company Limited 保特保險(香港)有限公司

9/F, FWD Financial Centre, 308 Des Voeux Road Central, Hong Kong

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